



INSTRUCTIONS: If you received a preprint label, affix it in the space at left. If any of the information on the label is incorrect, draw a line through it and supply the correct information in the appropriate section below. If the label is complete and correct, leave Items I, II, and III below blank. If you did not receive a preprint label, complete all items. "Installation" means single site where hazardous waste is generated, treated, stored and/or disposed of, or a transporter's principal place of business. Please refer to the INSTRUCTIONS FOR FILING NOTIFICATION before completing this form. The information requested herein is required by law (Section 3010 of the Resource Conservation and Recovery Act).

INSTALLATION'S EPA I.D. NO.	IAD000819110
I. NAME OF INSTALLATION	SQUARE D COMPANY* 3700 6TH ST SW CEDAR RAPIDS, IA 52404
II. INSTALLATION MAILING ADDRESS	
III. LOCATION OF INSTALLATION	3700 6TH ST SW CEDAR RAPIDS, IA 52404

FOR OFFICIAL USE ONLY

[illegible]

INSTALLATION'S EPA I.D. NUMBER								APPROVED	DATE RECEIVED <i>(yr., mo., & day)</i>
B						T/A	C		
F									
J							19	10	
								87	



R00352669
RCRA RECORDS CENTER

[illegible]

II. INSTALLATION MAILING ADDRESS

[illegible]

CITY OR TOWN															ST.		ZIP CODE									
C	E	D	A	R	R	A	P	I	D	S										I	A	5	2	4	0	6
15	16														48	49	50	51	52	53	54					

III. LOCATION OF INSTALLATION

STREET OR ROUTE NUMBER															
C															
S	3	7	0	0		6	T	H		S	T	R	E	E	T
18	16									S	W				

CITY OR TOWN															ST.		ZIP CODE						
6	C	E	D	A	R		R	A	P	I	D	S					I	A	5	2	4	0	4

IV. INSTALLATION CONTACT

NAME AND TITLE (last, first, & job title)																				PHONE NO. (area code & no.)																						
C	2	J	A	M	E	S		C	J	E	N	S	E	N		E	N	V		C	O	O	R	D	I	N	A	T	O	R	3	1	9	.	3	6	5	.	4	6	3	1
19	10																			49	48	-	48	49	-	01	02	-	11													

V. OWNERSHIP

		A. NAME OF INSTALLATION'S LEGAL OWNER																																	
C																																			
8		S	Q	U	A	R	E	D	C	O	M	P	A	N	Y																				
10	10																																		

B. TYPE OF OWNERSHIP (enter the appropriate letter into box)		VI. TYPE OF HAZARDOUS WASTE ACTIVITY (enter "X" in the appropriate box(es))	
F - FEDERAL M - NON-FEDERAL	M	<input checked="checked" type="checkbox"/> A. GENERATION <input type="checkbox"/> C. TREAT/STORE/DISPOSE	<input type="checkbox"/> B. TRANSPORTATION (complete item VIII) <input type="checkbox"/> D. UNDERGROUND INJECTION

VII. MODE OF TRANSPORTATION (transporters only - enter "X" in the appropriate box(es))

<input type="checkbox"/> A. AIR	<input type="checkbox"/> B. RAIL	<input type="checkbox"/> C. HIGHWAY	<input type="checkbox"/> D. WATER	<input type="checkbox"/> E. OTHER (specify)
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VIII. FIRST OR SUBSEQUENT NOTIFICATION

Mark "X" in the appropriate box to indicate whether this is your installation's first notification of hazardous waste activity or a subsequent notification. If this is not your first notification, enter your Installation's EPA I.D. Number in the space provided below.

☐ A. FIRST NOTIFICATION ☒ B. SUBSEQUENT NOTIFICATION (complete item C)

C. INSTALLATION'S EPA I.D. NO.										
I	A	D	0	0	0	8	1	9	1	0

IX. DESCRIPTION OF HAZARDOUS WASTES

Please go to the reverse of this form and provide the requested information.

I.D. - FOR OFFICIAL USE ONLY									
W									
1	2	3	4	5	6	7	8	9	10

IX. DESCRIPTION OF HAZARDOUS WASTES (continued from front)

A. HAZARDOUS WASTES FROM NON-SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.31 for each listed hazardous waste from non-specific sources your installation handles. Use additional sheets if necessary.

1 F 0 0 1	2 F 0 0 3	3 F 0 0 6	4	5	6
7	8	9	10	11	12

B. HAZARDOUS WASTES FROM SPECIFIC SOURCES. Enter the four-digit number from 40 CFR Part 261.32 for each listed hazardous waste from specific industrial sources your installation handles. Use additional sheets if necessary.

13	14	15	16	17	18
19	20	21	22	23	24
25	26	27	28	29	30

C. COMMERCIAL CHEMICAL PRODUCT HAZARDOUS WASTES. Enter the four-digit number from 40 CFR Part 261.33 for each chemical substance your installation handles which may be a hazardous waste. Use additional sheets if necessary.

31	32	33	34	35	36
37	38	39	40	41	42
43	44	45	46	47	48

D. LISTED INFECTIOUS WASTES. Enter the four-digit number from 40 CFR Part 261.34 for each listed hazardous waste from hospitals, veterinary hospitals, medical and research laboratories your installation handles. Use additional sheets if necessary.

49	50	51	52	53	54
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E. CHARACTERISTICS OF NON-LISTED HAZARDOUS WASTES. Mark "X" in the boxes corresponding to the characteristics of non-listed hazardous wastes your installation handles. (See 40 CFR Parts 261.21 - 261.24.)

☒ 1. IGNITABLE
(D001)

☒ 2. CORROSIVE
(D002)

☐ 3. REACTIVE
(D003)

☐ 4. TOXIC
(D004)

X. CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this and all attached documents, and that based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

SIGNATURE

NAME & OFFICIAL TITLE (type or print)

DATE SIGNED

Plant Manager

8-29-85

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SQUARE D COMPANY
ELECTRICAL EQUIPMENT

CIRCUIT BREAKER DIVISION

(319) 365-4631



3700 SIXTH STREET, S.W.

CEDAR RAPIDS, IOWA 52406

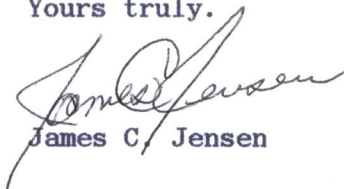
August 29, 1985

Chet McLaughlin
United States Environmental Protection Agency
Region VII
726 Minnesota Avenue
Kansas City, Kansas 66101

Dear Chet:

Enclosed you will find a updated EPA notification of Hazardous Waste Activity form. This form is to notify the agency of the use of Safety Kleen's parts washer solvent. This solvent is ignitable. I have marked the D001 ignitable box under Section IX, Part E for non-listed hazardous waste. If you have any question or need more information please contact me at your convenience.

Yours truly.



James C. Jensen

ne

cc: C. E. Ashley - PM
R. K. Chown - PS

RECEIVED
SEP 03 1985
USEPA, RCRA Branch